

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3061AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/02/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>QUINN'S DESERT HOME #1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>508 PEARBERRY AVE. LAS VEGAS, NV 89123</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on October 02, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 6 total beds.</p> <p>The facility had the following category of classified beds: Category 2 beds.</p> <p>The facility had the following endorsements:</p> <p>Residential facility which provides care to persons with mental illnesses.</p> <p>Residential facility which provides care to elderly or disabled persons.</p> <p>The census at the time of the survey was 4. Four resident files were reviewed, one closed resident file was reviewed, and five employee files were reviewed.</p> <p>There were no complaints investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 351 SS=F	<p>449.222(2)(a) Bathrooms and Toilet Facilities</p> <p>NAC 449.222</p> <p>2. Each residential facility that was issued an initial license on or after January 14, 1997 must have:</p> <p>(a) A flush toilet and lavatory for each four residents.</p> <p>This Regulation is not met as evidenced by: Nevada Administrative Code (NAC) 449.224.2 Members of the staff of the facility and their families who live at the facility shall be deemed residents of the facility for the purposes of determining the number of toilets, lavatories and tubs or showers the facility is required to have pursuant to NAC 449.222.</p> <p>Based on observation and interview, the facility failed to provide a flush toilet and lavatory for each four residents.</p> <p>Findings include:</p> <p>Observation</p> <p>On 10/02/08 in the morning, the facility had five bedrooms with one bed in rooms #3, #4, and #5 (caregiver) and two beds in bedroom #2 and the master bedroom. The master bedroom contained a flush toilet and lavatory. A common hall bathroom contained another flush toilet and lavatory for bedrooms #2, #3, #4, and #5. However, having two residents occupy bedroom #2 and one each in bedrooms #3, #4, and #5 constitutes one flush toilet and lavatory for five residents.</p> <p>Interview</p>	Y 351		

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Y 351	Continued From page 2  On 10/02/08 in the morning, Employee #1 indicated bedroom #5 housed the live-in caregiver. Employee #1 indicated the facility would move another resident into the master bedroom.  Severity: 2 Scope: 3	Y 351		
Y 870 SS=E	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration  NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.  This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to provide medication reviews every six months for 2 of 5 residents (#2 #5).  Findings include:  Record Review  Resident #2	Y 870		

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Y 870	Continued From page 3  Resident #2's file contained a medication review dated 10/01/08; the previous medication review was dated 03/10/08. Prior to that, a medication review was dated 03/15/07.  Resident #5  Resident #5's file contained a medication review dated 03/21/08. The file lacked a more recent medication review.  Interview  On 10/02/08 in the morning, Employee #1 indicated there was no answer for the missing medication reviews.  Severity: 2 Scope: 2	Y 870		
YA878 SS=F	449.2742(6)(a-c) Medication Administration  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the	YA878		

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YA878	<p>Continued From page 4</p> <p>physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and</p> <p>(c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to administer medications and/or comply with physician orders for 3 of 5 residents (#1, #3, and #4).</p> <p>Findings include:</p> <p>Observation</p> <p>Resident #1</p> <p>On the morning of 10/2/08, the medication basket contained supplies of 3.125 milligram Carvedilol tablets, 20 milligram Lexapro tablets, and a bottle of Milk of Magnesia.</p> <p>Resident #3</p> <p>On the morning of 10/2/08, the medication basket for Resident #3 contained supplies of 20 milligram Omeprazole tablets and a tube of Triamcinolone .1%.</p>	YA878			

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YA878	<p>Continued From page 5</p> <p>Resident #4</p> <p>The medication basket for Resident #4 contained a supply of 10 milliequivalent Klor-Con tablets.</p> <p>Interview</p> <p>Resident #1</p> <p>On 10/2/08 between 1:00PM and 2:30PM, Employee #1 indicated the facility failed to document administration of Resident #1's Carvedilol and correct administration of Resident #1's Lexapro. Employee #1 indicated Resident #1 was not receiving Milk of Magnesia. Interview with Helen, Right Source Pharmacy for Humana patients, and the physician's office nurse indicated Resident #1's order for Lexapro was 20 milligrams daily.</p> <p>Resident #3</p> <p>Employee #1 indicated the facility failed to document administration of Resident #3's Omeprazole. Employee #1 further indicated the facility was administering Triamcinolone daily to Resident #3, but the resident's MAR lacked evidence that the Triamcinolone was administered at all, during the month of October 2008.</p> <p>Resident #4</p> <p>Employee #1 indicated the facility made a mistake in administering Resident #4's Klor-Con daily instead of twice daily.</p> <p>Record Review</p> <p>Resident #1</p>	YA878		

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YA878	<p>Continued From page 6</p> <p>The medication administration records (MAR) for 2008 indicated the facility failed to document administration of 3.125 milligrams of Carvedilol twice daily since May. The medication review dated 09/15/08 failed to indicate Carvedilol and Milk of Magnesia. MARs for 2008 indicated the facility documented 10 milligrams of Lexapro daily instead of 20 milligrams daily for each month since May.</p> <p>Resident #3</p> <p>The medication review dated 09/25/08 indicated 20 milligrams of Prilosec daily but failed to list Triamcinolone. The facility failed to document administration of 20 milligrams Omeprazole daily and Triamcinolone on the October 2008 MAR.</p> <p>Resident #4</p> <p>The medication review dated 09/05/08 indicated a half tablet of 10 milliequivalent Klor-Con twice daily. On the October 2008 MAR, the facility documented the Klor-Con daily.</p> <p>Severity: 2 Scope: 3</p>	YA878		

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